PTO/SB/21 (09-04)

OIPE Hadas the Papenwark Reduction Act	of 1995, no nerson	U.S	Patent and Tr	rademark Office:	through 07/31/2006. OMB 0651-0031 U.S. DEPARTMENT OF COMMERCE t displays a valid OMB control number.	
2		Application Number 10/699,175				
JUL 2 0 200 PRANSMITTAL		Filing Date	October 31	October 31, 2003		
		First Named Inventor	Bianchi et a	Bianchi et al.		
MADENARY		Art Unit	3738	3738		
(to be used for all correspondence after initial filing)		Examiner Name	Christophe	Christopher D. Prone		
Total Number of Pages in This Submission		Attorney Docket Number	MSDI-434/	MSDI-434/PC316.08		
ENCLOSURES (Check all that apply)						
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statem  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts  under 37 CFR 1.52 or	est Rema	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revocati Change of Correspondence  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on C	Address	Appe of Ap Appe (Appe (Appe Statu Other below Return Rec Continued B	Allowance Communication to TC al Communication to Board peals and Interferences al Communication to TC al Notice, Brief, Reply Brief) ietary Information s Letter Enclosure(s) (please Identify y): eipt Postcard; Request for Examination (with copy of illed response to final Office	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name Krieg DeVault LLP	1					
Signature Mach. Show						
Printed name Brad A. Schepers						
Date July 18, 2007	July 18, 2007 Reg. No. 45,431					
CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:						
Signature # Signature						
Typed or printed name Brad A. So	chepers			Date	July 18, 2007	

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PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE n Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/699,175 Application Number TRANSMIT Filing Date October 31, 2003 For FY 2006 First Named Inventor John R. Bianchi et al. **Examiner Name** Christopher D. Prone Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3738 TOTAL AMOUNT OF PAYMENT (\$) 910.00 MSDI-434/PC316.08 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check ✓ Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 12-2424 Deposit Account Name: Krieg DeVault LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** FILING FEES SEARCH FEES **Small Entity Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 200 Utility 150 500 250 100 0.00 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 300 500 600 Reissue 150 250 300 Provisional 200 100 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) 360 Multiple dependent claims 180 **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) Multiple Dependent Claims 0.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** \_ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Request for One Month Extension of Time (\$120); RCE (\$790) \$910.00

SUBMITTED BY
Signature
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Name (Print/Type) Brad A. Schepers
Date July 18, 2007

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